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CIN NO.	00477036202361	

BRANCH NAME & CODE MEMBER NUMBER PERSONAL DETAILS: (Please fill in BLOCK Letter) NAME ADDRESS INTEREST ON INVESTMENT: FIXED DEPOSIT 1 YEAR SAVINGS DEPOSIT: SAVINGS DEPOSIT: ADVISOR NAME ADVISOR NAME ADVISOR NAME ADVISOR NAME ADVISOR NAME ADVISOR NAME <	SHUNANGAL ANOR					ME C	MB usto	ERSF mer	<mark>IIP A</mark> Care	NGAL APPLI :- +91 om,Visi	CATI 951	ON I 9949	F OR 082	Μ	D		CIN N	<mark>0.</mark> U649	990JH2	023PL	N021
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KUHU PIHU MANGAL NIDHI LIMITED

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Of														(Customer Name			
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